

**SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT  
NEW HYDE PARK MEMORIAL HIGH SCHOOL  
HARASSMENT, DISCRIMINATION AND BULLYING COMPLAINT FORM**

The purpose of this form is to inform the District of an incident or series of incidents of bullying, harassment or discrimination so we can investigate and take appropriate steps. **If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly to Mrs. Rosemary DeGennaro, Assistant Principal, (516-488-9500 or 488-9501) or Dr. Michele Sanzone-Goodrich, Social Worker, (516-488-9556), or by visiting the Main Office as soon as possible so we can address your concerns.**

Student Name: \_\_\_\_\_  
Grade: \_\_\_\_\_

Student ID: \_\_\_\_\_  
School: \_\_\_\_\_

Describe the incident(s). Please include when and where it happened.

---

---

---

---

---

List the name(s) of the individual(s) accused of bullying and/or harassment.

---

---

---

---

Were there any witnesses? \_\_\_Yes \_\_\_No If yes, please list the names of the individual(s).

---

---

---

*I certify that all statements on this form are accurate and true to the best of my knowledge.*

\_\_\_\_\_  
Signature/Print Name

\_\_\_\_\_  
Date

**Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).  
Return this form to: Mrs. R. DeGennaro or Dr. M. Sanzone-Goodrich, C/O New Hyde  
Park Memorial H.S., 500 Leonard Blvd., New Hyde Park, NY 11040**

**Note on confidentiality:**

**In order to investigate the complaint, the District will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.**